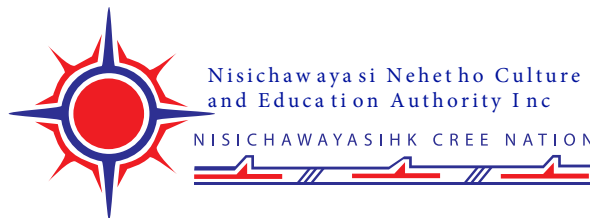


# Form 1 Cover Page



## Post-secondary Sponsorship Application Package

Post-secondary Education Program

(PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_

First name: \_\_\_\_\_

(PLEASE INDICATE HOW YOUR APPLICATION IS SUBMITTED):

**Fax** \_\_\_\_\_

Number of pages (including cover) \_\_\_\_\_

**Attention: Post-secondary Counsellor**

NNCEA Fax: 1-204-484-2257

Phone number where faxing from ( \_\_\_\_\_ ) \_\_\_\_\_

Before faxing, call toll free 1-204-484-2095 to confirm someone is available to receive the fax and ensure confidentiality of the application. For mailing or in-person delivery requirements, please refer to the Sponsorship Funding Guidebook for Post-secondary Students.

**Email** \_\_\_\_\_

Attention: Post-secondary Counsellors Pipon Moose (North):  
piponm@nncea.ca Craig Linklater (South): craigl@nncea.ca

**Mail or In Person** \_\_\_\_\_

Attention: Post-secondary Counsellors NNCEA, Alice Moore  
Education Centre  
2 Otetiskiwin Drive, PO BOX 402  
Nelson House, MB R0B 1A0

## Ensure all application forms are COMPLETED and included.



**This post-secondary sponsorship application package contains FOUR (4) FORMS, WHICH MUST ALL BE FULLY COMPLETED AND SUBMITTED ALONG WITH SEVEN (7) OTHER DOCUMENTS LISTED BELOW to the Post-secondary Counsellor NO LATER THAN MIDNIGHT APRIL 30TH each year before the Committee will consider your application for APPROVAL.**

**PLEASE CHECK (✓) THE APPROPRIATE BOXES BELOW** to indicate that the listed information is included in the package being submitted.

Attach this completed form to the top of your application package, keep a copy of this page for your records, and submit all fully completed forms and requested documents.

- Form 1: Application Package Cover Sheet [this page] (one page)
- Form 2: Post-secondary Student Application for Funding Sponsorship (two pages)
- Form 3: Post-secondary Student Sponsorship Performance Agreement (one page)
- Form 4: Post-secondary Student Career Goals and Objectives Submission (one or more pages)

### OTHER REQUIRED DOCUMENTS INCLUDED

- Acceptance Letter from accredited Canadian public post-secondary institution I wish to attend
- Official Transcript of most recent marks; either from Grade 12, a university, college or other accredited institution
- Program outline, including courses to be taken in each year of study from the university, college or other institution I'll attend
- A photocopy of your Status Card with the expiry date
- A photocopy of your Manitoba Health Card
- A brief family history (See more detail on P. 11 of Sponsorship Program Guidebook)
- A brief résumé showing your education and work history. (See more detail on P. 11 of Sponsorship Program Guidebook.)

**For questions or more information please contact:**

Nisichawayasi Nehetho Culture  
and Education Authority Inc.  
2 Otetiskiwin Drive  
Nelson House, MB R0B 1A0

Tel 1-866-233-6432 (Toll Free)  
Tel: 1-204-484-2095  
Fax: 1-204-484-2257  
Website: [www.nhea.info](http://www.nhea.info)

## Post-secondary Sponsorship Application

- **MUST BE FULLY COMPLETED BY ALL APPLICANTS REQUESTING SPONSORSHIP**
- **MUST BE RECEIVED BY THE EDUCATION AUTHORITY NO LATER THAN NOON, APRIL 30 EACH YEAR**
- **YOUR SPONSORSHIP APPLICATION WILL ONLY BE CONSIDERED FOR APPROVAL IF YOU PROVIDE ALL INFORMATION REQUESTED IN THIS APPLICATION FORM.**

**(PLEASE PRINT CLEARLY AND CHECK (✓) THE APPROPRIATE BOXES BELOW)**

I have worked a full time job in the last 6 months  
 Yes  No

Status No. (10 digits) \_\_\_\_\_  
BAND NO. FAMILY NO. POSITION NO

I live:  On Reserve  Off Reserve

**Name Shown on Status Card:**

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Insurance No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Year/Month/Day)

Current Mailing Address: \_\_\_\_\_  
APT. NO. HOUSE NO. STREET/AVENUE  
\_\_\_\_\_  
CITY/TOWN PROVINCE POSTAL CODE

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Next of Kin/Emergency Contact: \_\_\_\_\_  
NAME RELATIONSHIP TO APPLICANT

Address: \_\_\_\_\_  
APT. NO. HOUSE NO. STREET/AVENUE  
\_\_\_\_\_  
CITY/TOWN PROVINCE POSTAL CODE

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Marital Status:**  Single  Married  Separated  Divorced  Common Law

If Married/Common Law, is your partner:

Living with you for at least 6 months?  Yes  No      Employed?  Yes  No      In school full time?  Yes  No

FULL NAME OF SPOUSE (If Married or Common Law)

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Year/Month/Day)

**LEGAL DEPENDENT(S):** Person(s) under 18 living with and completely financially dependant on applicant.

Number of Legal Dependants Living in Household \_\_\_\_\_

This information must be provided if you are a "first time" applicant or if you have had changes to any dependent information you provided earlier. Do not complete this portion if you have had no changes in information provided by you earlier.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Post-secondary Sponsorship Application

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### ACADEMIC PROGRAM INFORMATION

Year you graduated High school: \_\_\_\_\_ High school Name: \_\_\_\_\_

University/College/Institution: \_\_\_\_\_

Degree/Certificate/Diploma Sought: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

Session Applied For: \_\_\_\_\_ EG. FALL & WINTER Session Start Date: \_\_\_\_\_ YEAR/MONTH/DAY Session End Date: \_\_\_\_\_ YEAR/MONTH/DAY

### PLEASE CHECK (✓) ONLY ONE (1) APPLICABLE BOX BELOW:

- I will be graduating from Grade 12 this June, am a new sponsorship applicant and will be entering Year 1 of my program
- I graduated high school earlier, am a new applicant entering Year 1 of my program
- I have completed all program requirements in my (circle correct year) 1st 2nd 3rd 4th 5th year of post-secondary study
- I have NOT completed my previous program, but INSTEAD, I am applying for Year 1 of a new program of studies
- I have completed my program and am now applying for Year 1 of a new program of studies.

I have been previously funded for \_\_\_\_\_ years. Those years were: \_\_\_\_\_

Are you receiving funding from any other source/agency?  Yes  No

Funding amount: \_\_\_\_\_ Source(s): \_\_\_\_\_

**Before signing and submitting this document, please make certain you have included and checked off all the required documents and information set out in Form 1 of this application package.**

### I, CERTIFY THE INFORMATION PROVIDED IS CORRECT.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Banking information will be required AFTER formal approval is granted. Your cheques will be electronically deposited into your account, bi-weekly, after the information is received.

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### For questions or more information please contact:

Nisichawayasi Nehetho  
Culture and Education  
Authority Inc.  
2 Otetiskiwini Drive  
Nelson House, MB R0B 1A0

Tel 1-866-233-6432 (Toll Free)  
Tel: 1-204-484-2095  
Fax: 1-204-484-2257  
Website: [www.nhea.info](http://www.nhea.info)

# Form 3

## Post-secondary Sponsorship Performance Agreement

- **MUST BE FULLY COMPLETED BY ALL APPLICANTS REQUESTING SPONSORSHIP**
- **MUST BE RECEIVED BY THE EDUCATION AUTHORITY NO LATER THAN NOON, APRIL 30 EACH YEAR**
- **YOUR SPONSORSHIP APPLICATION WILL ONLY BE CONSIDERED FOR APPROVAL IF YOU PROVIDE ALL INFORMATION REQUESTED IN THIS APPLICATION FORM**
- **TO BE SUBMITTED EACH YEAR WITH THE STUDENT'S APPLICATION FOR FUNDING.**

The Nisichawayasi Netho Culture and Education Authority Inc. (NNCEA) Board Policy 609 requires all students who receive final approval for post-secondary funding to enter into a Performance Sponsorship Agreement with the Education Authority. The Agreement below sets out the terms and conditions required of all sponsored students who receive funding.

I, \_\_\_\_\_ AGREE THAT, while I am receiving financial sponsorship from the NNCEA, I will:  
NAME

1. Fill in ROI (release of information) form from your Post-secondary Institution
  2. Carry a full course load as determined by the institution and by Post Secondary Counsellor
  3. Complete monthly Student Report
  4. Maintain monthly contact with Post-Secondary Counsellor via email or visit
  5. Complete and submit required course work on time
  6. Meet the academic standards of the institution and maintain marks above or equivalent to a 2.0 grade point average
  7. Complete my program of studies in the time period specified by my educational institution or Post Secondary Counsellor. (NNCEA is not responsible for funding an extension of a student's program of studies.)
  8. Consult with and obtain approvals from the instructor/advisor and the NNCEA post-secondary counsellor BEFORE withdrawing from courses or changing courses and programs. (I understand that failure to consult and obtain these approvals may jeopardize my future sponsorship funding and could make me liable for any costs associated with unauthorized changes to courses and/or programs. It is also my responsibility to ensure course/program changes take place before deadlines set by the institution.)
  9. It is your responsibility to ensure course/program changes take place before deadlines set by the institution
  10. Report absences that exceed two days to the NNCEA Post-secondary Counsellor and be prepared to submit medical certificates upon request
  11. Provide an "Unofficial" transcript BEFORE 1 week in January of each year and an "Official" transcript BEFORE May 30th of each year.
  12. Fill in Exit questionnaire when schooling has stopped. ie. Withdrawal from program or \*Refer to page 19
- I also understand and agree that:
13. All information provided by me is correct
  14. The Education Authority has the right to withdraw my sponsorship funding and may legally recover any portion of or all funds advanced, should it be determined that I have misused or misappropriated any of my funding
  15. The Education Authority will not be liable for or assume any of my self-arranged education debt
  16. I have read and understand my Post-secondary Sponsorship Funding Guidebook and will adhere to the guidelines set out in it.

WITNESS

SIGNATURE OF STUDENT

Dated: \_\_\_\_\_

**For questions or more information please contact:**

Nisichawayasi Netho  
Culture and Education  
Authority Inc.  
2 Otetiskiwinn Drive Nelson  
House, MB R0B 1A0

Tel 1-866-233-6432 (Toll Free)  
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